

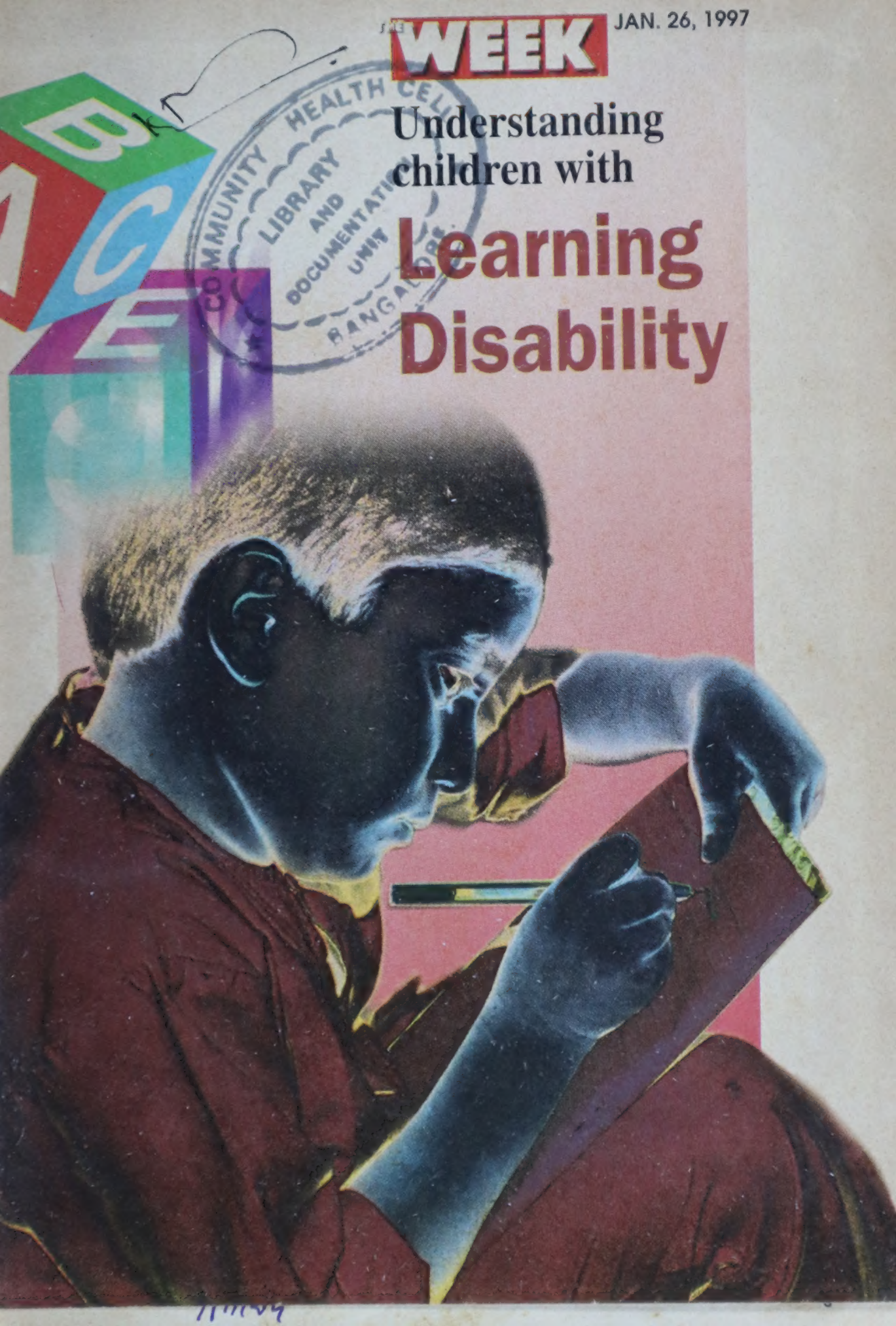
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WEEK

JAN. 26, 1997

Understanding
children with

Learning Disability



11/1/97

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LIST OF USEFUL ADDRESSES

Compiled by:

CHILD CARE CENTRE, KOCHI.

**Project of Indian Academy of Paediatrics,
Kochi, and Ernakulam District Council
for Child Welfare.**

Cover design: N.V. JOSE



LEARNING DISABILITY

THE HIDDEN HANDICAP

It may be the reason for your child's
poor performance in school



IN OUR country "we live for our children". Each family has fewer children these days. And all of us, parents, want our children to be better off than us. So we get frustrated and angry at them if they do not score high marks in school.

In any class, at least 20 per cent of children get poor marks—they are 'scholastically backward'. The reasons for their poor performance are several: some of these children are actually bright but cannot get good marks in spite of their efforts. (The following chapters will tell you why). Some of these children



**About 10
per cent of
young
children
suffer from
Dyslexia or
Learning
Disability.
That is, in a
school of
1,000
children, at
least 100
could be
Dyslexic!**



LEARNING DISABILITY

If the child gets poor marks, it is because he suffers from a learning problem.

have behaviour problems and are not keen to make an effort to get good marks. Some children cannot make adequate effort because of physical or neurological handicaps.

Parents and teachers complain about these children—to each other or to their doctors—about this ‘symptom’ of poor marks in class.

Poor marks as a ‘symptom’

If a child gets poor marks we brand him ‘lazy’ or ‘stupid’! No child, we should realise, wants to be lazy or careless. Every child loves to stand up and be counted. If he gets poor marks it is because he suffers from a learning problem. Therefore, in young children poor school performance should be seen as a symptom reflecting a larger underlying problem.

We should scientifically analyse this symptom, discover its underlying cause and find a remedy to enable the child perform better.

Finding out what the child cannot do, and why

Poor performance in school in a child may be present from the beginning of education, or it may occur later (say, when the child has reached 8th or 9th standard). It may be because of causes in the child, or due to disturbances in the environment such as home and school.

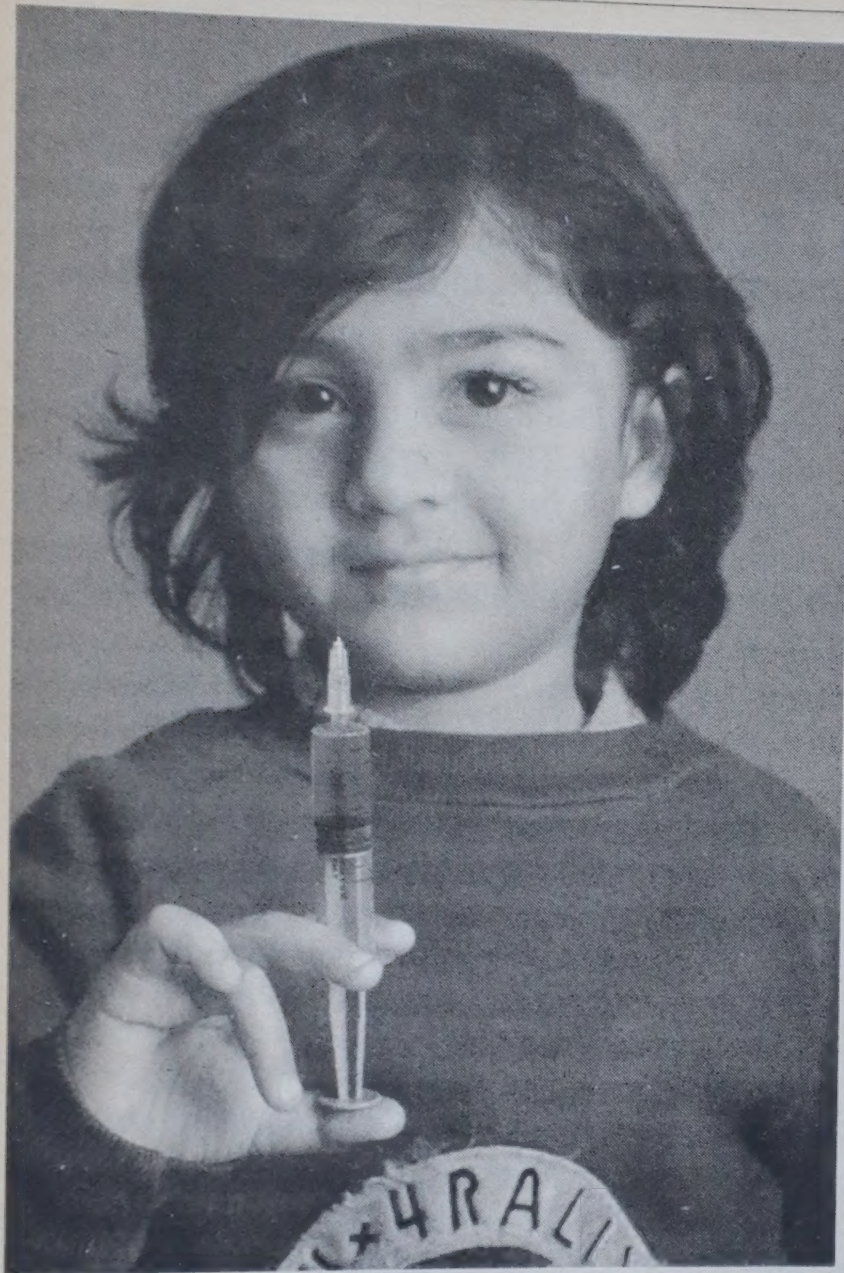
Finding out why the child is not able to perform involves looking for causes in the child or in the environment, or both.

1. Causes in the child

If a child performs poorly in class the reason may be physical, intellectual or behavioural.

(a) Physical problems

Maya, a 3rd standard student, was faring poorly in class. Her teacher had been complaining that the girl would not copy what was written on the black board and would not complete her notes. By a stroke of luck one day, Maya’s mother discovered that the little one could not read the letters on the TV screen clearly. The



Poor school performance should be seen as a symptom reflecting a larger underlying problem in children. We should scientifically analyse this symptom, discover its underlying cause and find a remedy.

eye specialist whom they consulted prescribed glasses for her short-sight and Maya bounced to excellent academic performance in a few months.

Like Maya, some children have partial deficits in vision, or hearing. They do not realise it because they may feel this is the way everyone sees or hears.

(b) Poor intelligence

All children are not created equal. Some of them are slow to stand, to walk, to run, or to talk. Such children with delayed 'milestones of development' may have inadequate brain development and there-

Some children doing poorly in school are actually intelligent. Their overall brain growth is normal, but minuscule brain areas concerned with skills of reading, writing, spelling, language or arithmetic have not developed adequately.

fore, may have only below-average intelligence. If the intelligence is low, learning will be slow, and marks will be poor.

It is possible for clinical or educational psychologists to assess intelligence. IQ (Intelligence Quotient) tests will tell us what the child can learn or cannot learn in school.

(c) Dyslexia (Learning Disability)

Some young children doing poorly at school are actually intelligent. Their overall brain growth is normal, but minuscule brain areas concerned with skills of reading, writing, spelling, language or arithmetic have not developed adequately. This is called Specific Delay in Development.

The result is that although this intelligent child understands what he is taught, he is not able to express

it in writing because of his deficits in reading/writing or spelling. So he gets poor marks.

Currently about 10 per cent of young children suffer from this handicap called Dyslexia or Learning Disability. That is, in a school of 1,000 children at least 100 could be Dyslexic!

d) Other neurological disorders causing learning problems

Jerry is a



bright six-year-old. He is quick to understand things, quick to respond. But he is a problem child in school: persistently restless, walking around the class, nudging the next child in assembly or breaking something all the time. He is impulsive and unable to sit still.

He has Attention-Deficit Hyperactivity Disorder (ADHD). If he cannot hold his attention, he cannot concentrate, and therefore he cannot learn.

(e) Emotional disorders

Children who are intelligent may not all be emotionally stable because of various reasons. If so unstable, they may do badly at school. Some may have a morbid fear of going to school. Some children may lose motivation and interest to study because of anxiety or depression. Some children turn out to be bullies.

2. Causes in the environment

No child can do well in a deprived or discordant environment either at home or school. Poor discipline at home or school, broken homes or fighting parents, are disturbances that lead to poor scholastic performance.

Conclusion

The objective of this chapter was to spell out the various causes for poor scholastic performance in a child. When you deal with a child doing poorly in school, think of the above causes before blaming or punishing him.

By logical analysis, pinpoint the cause of the child's poor performance in school. Correct the causes; that's how you can help the child. If not, the child will be like Hari whose trauma is described in the next chapter. ■

By Dr Abraham Paul,
Consultant Paediatrician, Kochi.

Poor discipline, broken homes, discordant environment, etc., lead to poor school performance too.



LEARNING DISABILITY

**The boy
would be
the smartest
lad in school
if instruc-
tion were
entirely
oral.**

WHY WAS HARI BELTED?

THIS WAS a few years ago: My good friend Dr Murali was prodded by his wife to meet me because he had, the previous night, belted his son black and blue.

The principal had threatened to detain the child if his performance in the ongoing exams was as bad as in the previous year. Murali sat up the whole night teaching Hari. The boy verbally answered all questions that Murali asked him that night. To Murali's horror, in the exam, the boy merely copied the questions on to the answer sheets! This was the last straw, resulting in the belting.

When I saw Hari, my heart went out to him. The child felt helpless. He was a quiet and lively child, fairly quick on the uptake. He answered my questions smartly, but as I had expected, he could not write even one sentence correctly!

I explained to Murali that Hari's problem was a neurological (developmental) disability—a Learning Disability. It was a disability just like visual deficit or hearing impairment.

What is Learning Disability?

Also called Dyslexia, Learning Disability (LD) is a term that denotes a group of disorders. Learning Disabilities in a child manifest as difficulties in the acquisition and use of abilities such as reading, writing, spelling, arithmetic or of social skills. These difficulties arise from inadequate development of some areas of the brain.

Children with Learning Disability are slow in learning, but they have normal or above normal intel-

ligence. The normal learning process is the result of brain mechanisms operating from different parts of the brain. In children with Learning Disability, all these brain mechanisms are present but do not function the way they should. It is similar to a 'faulty wiring' in the brain, leading to faulty expression of what is learnt by the child.

These LD children are perplexed. My son who had difficulty with his spelling would learn it by heart, write the words over and over again, and feel confident about having put in adequate effort. Yet he would make unbelievable mistakes in the dictation test the next day. He was perplexed that his hard work was going unrewarded.

His anxiety was replaced by relief when he was told that his was an inborn disability and that his parents and teachers understood it. The pressure on him eased and he put in extra effort on spellings, once he knew that others no longer considered him a 'dull' child.

Many educationists are still confused about the concept of Learning Disabilities. They do not see it as a neurological disorder. Many teachers and parents misunderstand this disability as a simple difficulty in learning, leading to scholastic backwardness. They pressure the children with the belief that with a little more hard work these children can overcome LD. This would be akin to hoping that a hearing impaired child would start hearing normally if only he strained his ears a little more!

**Children
with
Learning
Disability
are slow in
learning,
but they
have normal
or above
normal
intelligence.**



Pointers to Dyslexia

In many cases it is the teacher who first suspects that a child may have a Learning Disability. This is because teachers constantly compare a child's work and behaviour to that of his classmates. A teacher can also easily identify a child who is struggling with academic skills such as reading, writing, spelling or arithmetic. And also because these days teachers spend more time with children than parents themselves!

It is normal for a child in the first one or two

**In children
with
Learning
Disability,
the brain
mechanisms
for learning
are present
but do not
function the
way they
should.**



standards to struggle with academic skills, but after this he should attain a basic level of competence. If your child struggles beyond this period, he may have a Specific Learning Disability. It will be clear to you that the child is in fact brighter than the poor marks he gets in class. This discrepancy between his good intelligence and his poor academic performance is the heart of the matter in LD.

A Learning Disabled child has problems organising thoughts and ideas; he may think only concretely. His ability for abstraction is affected and therefore, application of information to solve problems becomes limited.

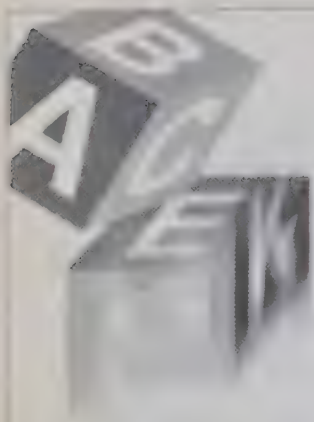
Thus, some children with this deficit may do well academically till the fifth or sixth standard, and then they might slow down. Many parents and teachers may attribute this to stubbornness, because of the good performance in the early years.

Poor performance in school may manifest in many ways behaviourally. The child may become withdrawn or depressed, or he may develop anxiety or aggression.

The following chapters have been planned to give simplistic descriptions of the problems of a Learning Disabled child. This booklet cannot purport to provide in-depth information on LD; nevertheless it will give you enough information to make you interested to read on. Especially if you know a child who is not doing well in school. ■

By Dr Philip John,
Consultant Psychiatrist, Kochi.

**The
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between the
child's good
intelligence
and his poor
academic
performance
is the heart
of the matter
in Learning
Disability.**



WHAT IS DYSLEXIA?

LEARNING DISABILITY

Dear mother

*started store several weeks i have growed
considerably I don't look much like a Boy now hows
all the fold did you receive a Box of Books Memphis
that he promised to send them languages*

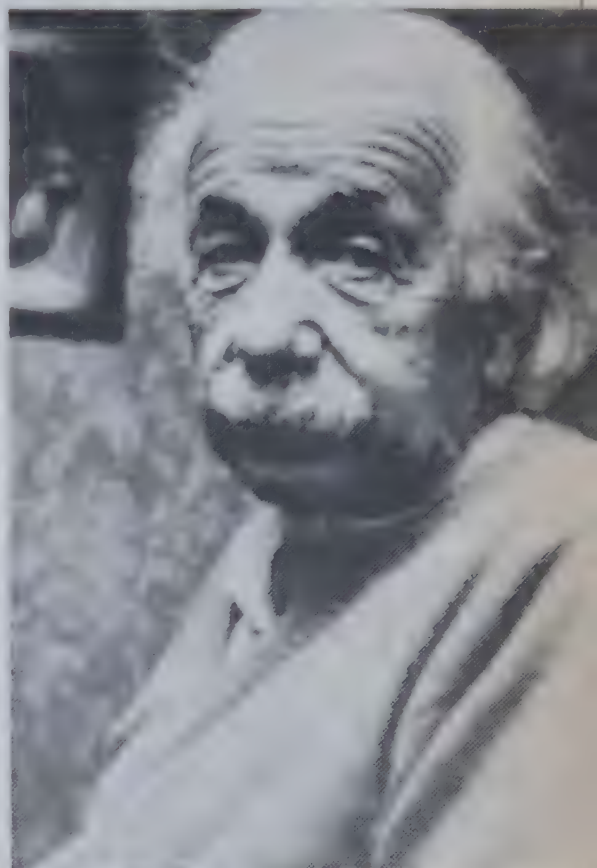
Your son Al

(19 yrs)

Al was Thomas Alva Edison whom we know as
the inventor of the electric bulb, the gramophone and
1,300 other patents. Al was thought to be a dunce as a
schoolboy and got thrown out of the public schools of



Thomas Alva Edison



Albert Einstein

Michigan, US!

His mother, to whom he wrote the above letter, was a woman of great determination and undertook the painstaking job of teaching Edison at home. Yet, this brilliant scientist never really mastered basic skills in writing, spelling and arithmetic. Edison was a Dyslexic.

What is Dyslexia?

This booklet tells you about children like Edison, or Hari in the previous chapter, and several such 'poor school performers'. These children suffer from the neurological disorder called Dyslexia-more technically called Specific Learning Disability. They do not have mental retardation.

The word Dyslexia comes from the Greek, meaning 'difficulty with words'. The concept was enlarged to Learning Disabilities because in many children the difficulty is not only with words but with other skills

**Famous
Dyslexics
include
Edison,
Einstein,
Woodrow
Wilson and
Winston
Churchill.
Churchill's
father wrote
of him, 'I
have an idiot
of a son.'**



Woodrow Wilson



Winston Churchill

of learning as well.

**These
slow
learners
suffer from
the neuro-
logical
disorder
called
Dyslexia.
They do not
have
mental
retardation.**

In the league of the bright and famous

In history there is long list of famous dyslexics, which includes names like Thomas Alva Edison, Leonardo da Vinci, Albert Einstein, Woodrow Wilson and Winston Churchill.

Churchill was prime minister, a great orator and won a Nobel prize for literature. Yet his school reports showed a boy doing miserably in class. His father wrote of him, "I have an idiot of a son."

But, dyslexic Churchill was fortunate to receive special coaching, entered the Royal Military College where he did not need much of writing skills, and the rest is history.

Einstein was capable of the most advanced scientific thinking, but he failed at school where he had difficulty in learning to read. Even as an adult, writing continued to be a problem for him.

one night ther seen a
Fiver in a building one
mans san very inu
be was rushed to Hodel's
and there day he dead
son in the figres the building
was locked unsef. and the
Fuerman went buid is the
Sandra

The writing of a 14-year-old severely Dyslexic boy. It contains typically Dyslexic mistakes: no punctuation, no capitals and bizarre spelling.

How common is Dyslexia?

Dyslexia was thought to be a rare disorder, but current statistics in the west and India show that 10 per cent of children are affected by this handicap. It is an alarming thought that in a school of 1,000 children at least 100 could be Learning Disabled!

Fortunately, mild forms of Dyslexia are more common than severe forms. Boys are affected three times more than girls because of genetic reasons.

Why diagnose Dyslexia?

It is important to detect and diagnose Learning Disabilities early in childhood because it is of great consequence for the parent, the teacher and above all the affected child who then receives special remedial coaching.

■ If Dyslexia is correctly diagnosed, it gives the **parents** the relief that it is a 'disorder' entity, and not their fault or their child's.

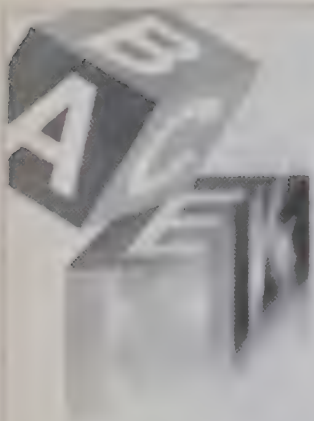
■ Having a name for the scholastic problem helps **teachers** to go 'easy' on the Dyslexic children. It also helps them to teach these children with patience, using 'teaching strategies' developed for remedial teaching.

■ Above all, the relief is for the **child**. When it is explained to him why he cannot perform well in class in spite of his efforts, it removes his anxiety.

There are several reasons why Dyslexic but intelligent children are born with this invisible handicap. The next chapter examines some of these causes. ■

By Suchitra Narayan,
Child Care Centre, Kochi.

**Diagnosing
Learning
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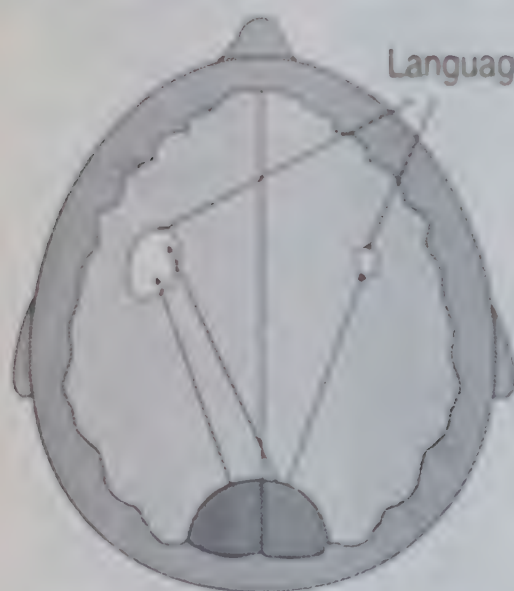
CAUSES OF DYSLEXIA

LEARNING DISABILITY

IT IS now widely accepted that a Dyslexic's brain cells are arranged differently, or function differently from a normal person's. These brain cell abnormalities are produced by genetic and environmental factors.

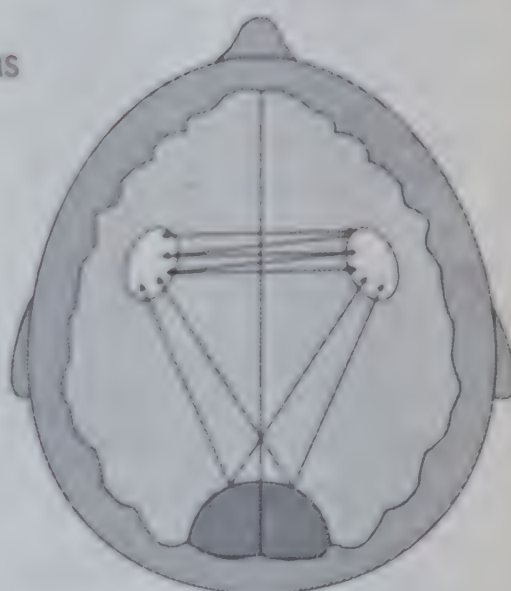
The brain cells are inherited in the same way as aspects of personality and physical characteristics.

NON-DYSLEXIC



Visual cortices sending messages to language areas for interpretation

DYSLEXIC



Confusion of nerve messages between the two large language areas

A theoretical impression of the way nerve impulses set up in the visual cortices by seeing a letter might travel for interpretation to the language areas of the brain. In the Dyslexic (right) the corpus callosum would become 'jammed' with nerve impulses as the two large language areas refer the messages they are receiving from the visual cortices back and forth for comparison and analysis.

and it is shown that 85 per cent of Dyslexics have immediate relatives with the same disorder. Thus, Dyslexia is genetically inherited.

Dyslexic boys outnumber girls three to one. The vulnerability of the male suggests that genes carried on the X chromosome play a part, but other genes may also contribute.

Some people's Dyslexia may, on the other hand, be caused by changes in the brain resulting from illness or accident—before, during or after birth. These are the environmental factors.

What ails the Dyslexic's brain?

Whether because of genetic factors or environmental, the brain of the Dyslexic child gets affected by way of damage, malformation, poor functioning or a delay in maturation.

Problems such as viral infections, use of drugs, malnutrition and during pregnancy, labour and delivery, or in the early newborn period, may give rise to learning disabilities without mental retardation, by affecting the brain. Such insults on the brain produce deficits in information processing leading to various learning disabilities.

The brain—seat of the mind, seat of language

All the functions of the mind, including the processes of learning, operate by multiple parts of the brain working in tandem. The brain has two separate halves or hemispheres connected by a bridge called corpus callosum.

The right hemisphere controls non-verbal and abstract functions, art and music, intuitions. The left hemisphere controls logical, deductionistic or mathematical thinking and verbal skills. It is also responsible for understanding (through hearing and reading) and expressing (through talking and writing) of language.

An area towards the front of the brain (Broca's area) is in charge of expressing language; a location at

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mosome
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LEARNING DISABILITY

the back (Wernicke's area) is where understanding of speech that we hear takes place.

There is a tiny language area in the right hemisphere too.

Visual and auditory processing

Language functions operate through meaningful interpretation in appropriate parts of the brain of what is seen (read) and what is heard—'visual and auditory processing'.

Dyslexic brains have anatomical differences from normal brains in the 'language-areas' described above, in the bridge between the two hemispheres, and in the connections involving the visual and hearing pathways in the brain.

The anatomical (structural) deficits give rise to functional deficits in the processing and expression of information. These functional deficits manifest as disabilities in various aspects of learning.

With research, the future will reveal why some children learn with ease while others struggle. The group of disorders we call Learning Disabilities may then be separated into various conditions, each with its own clear-cut cause. ■

By Dr Jeelson C. Unni,
President, Indian Academy of Paediatrics,
Kochi.

SPOT THE DYSLEXIC CHILD

HOW DO we suspect that a child may have Dyslexia? Poor school performance, of course, would be the basic problem of a Dyslexic child.

The following indicators or pointers are found in most Dyslexic children, but they are **not** necessarily present in **all** Dyslexics. It may also be cautioned that these pointers may be found in people without reading or writing disabilities.

It is normal for a child in the 1st standard to struggle with basic academic skills such as reading, writing, spelling, arithmetic or speech. If the child struggles beyond this period, then LD should be suspected.

'Excellent with his hands'

Many parents have a routine description about the young Dyslexic: "He's a smart boy, excellent with his hands. He puts together things so well, he can draw—but in his studies he is so careless".

This is a major clue to Dyslexia: this discrepancy that the child actually seems 'brighter' than the performance in his school work would suggest points to LD.

The LD child has perfectly adequate ability to understand and to answer questions orally but his difficulty to understand by reading, and to express, by writing, is the early signal that something is wrong.

Loses the joy of learning

By the age of seven the Dyslexic child has acute difficulty in reading, writing or spelling. He becomes



The Dyslexic child may not be able to subtract or divide, but he may be excellent with motors and machines. Music and art could be his forte.

the Dyslexic child loses confidence and self-esteem. Our educational system finally labels him 'stupid' or 'lazy'.

The child becomes frustrated and develops intense internal tension. This tension may come out as adjustment problems at home and in school. The Dyslexic child gets easily distracted during studies, looks for the slightest excuse to run off from academic work. He bullies other children or clowns in class.

Getting addicted to TV is an easy escape for these children. Cheating in tests to cope with failure, when seen in young children, should raise the suspicion of Dyslexia. Quitting or giving up in defeat is another way of coping with LD. Aggressive behaviour is a cover for low-self-esteem.

A list of probable difficulties in 'learning skills'

Reading tires the Dyslexic child easily; a tough game of football may not tire him as much. He reads by following the text with his finger. He reads slowly, hesitantly, with omissions or additions of letters and without paying attention to punctuations.

He fails to look carefully at the word, makes a guess from the first letter, eg. reads 'portion' for 'proportion'.

demotivated in studies. He loses the joy of learning; school becomes a burden.

As the child gets older, if remedial help is not given for reading, writing, spelling and arithmetic, these academic skills will lag further. Faced with repeated, inconsistent failure in everyday written work,

He may lose orientation on a line or page while reading, missing lines or reading the previously-read lines again. He reads aloud monotonously, word by word.

Writing too tires and frustrates the Dyslexic child. The writing is incredibly slow, with poor handwriting, and an awkward pencil grip. Spacing is bad, he needs a lined paper and gets the margins unequal.

He does not take down/complete class notes; he has trouble copying from the black board.

Spellings are as awful as grammar and syntax. The spelling errors are inconsistent: one mistake in the morning and a different one in the same word by evening. He omits full-stops, commas and fails to see the need for capital letters. He typically forgets to dot the 'i' and cross the 't'. He is seen to erase too often.

He does not see patterns in spellings—like 'tion' in relation, station and petition. Each word is an isolated memory.

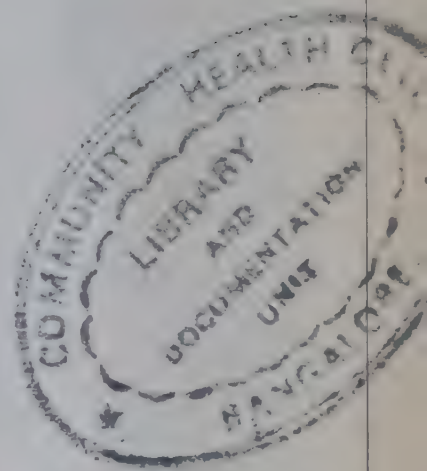
The mildly Dyslexic child has difficulty to recognise letters, especially letters which look similar: he confuses 'b' for 'd', 'M' for 'W' or writes 'E' for '3'.

In more severe cases, he transposes word images, eg. 'was' for 'saw', 'bad' for 'dab'. Older Dyslexics make their own spellings from the sounds; eg, 'Wud' for 'would', 'ges' for 'guess', 'cusin' for 'cousin'. Parts of words are often missed: 'anil' for 'animal', 'hostal' for 'hospital'. Some Dyslexics put syllables in the wrong order—'aminal' for 'animal', 'hopsital' for 'hospital', etc.

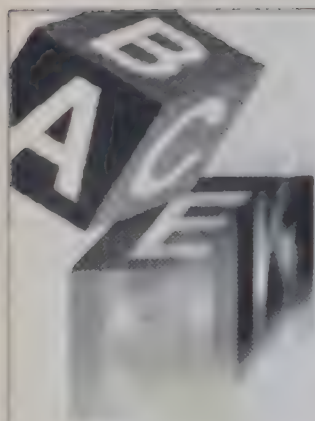
Significantly, Indian languages seem to be more difficult for many Dyslexic children, as the alphabets are often similar to each other.

Severe Dyslexics cannot write the appropriate letter, given the sound; they cannot pick out the letters from a display or match the same alphabets!

Some Dyslexics have right-left hand disorientation and persist to mistake right from left. Many are left-handed and delay in deciding which hand to use.



The Dyslexic child gets easily distracted and looks for the slightest excuse to run off from academic work. Getting addicted to TV is an easy escape route.



LEARNING DISABILITY

**The child
may be
disorganised
and clumsy,
lose his
books and
pencils, and
forget his
homework.**

Many Dyslexics have difficulty in putting their thoughts into writing; they may grope for the right word or the right meaning.

In arithmetic, even after 8 years, a Dyslexic may use fingers for calculation. There may be difficulty to remember arithmetic tables. He may reverse numbers; eg. 16 may become 61. Addition may be easy, but subtraction becomes a problem.

He may subtract a smaller number in one column from a larger single number, without realising the value of the number; eg. in a question 43-8, he gets an answer of 45, subtracting 3 from 8.

The Dyslexic may at other times understand concepts of calculations, but cannot work it out on paper. Or he may work out the answer in a corner of the page as say, 82496, but on transposing the answer, end up writing 84269 and not see the difference!

What is time?

The concepts of time, space, speed or distance may be difficult for some Dyslexics. Some find it very hard to tell the time from the face of a clock. Others may have trouble putting names to things and to known people.

Certain Dyslexics have trouble with maps and directions. Confusion about the days of the week, or even 'yesterday' and 'tomorrow' are also seen.

There is a difficulty in getting things in correct order, like the everyday activities. He may have trouble telling a story in sequence. Categorising, classifying and summarising are difficult as well. He may have difficulty with a sequential instruction like "Go back to the classroom and fetch your number work kept in the lowest drawer behind my chair".

This intelligent child has idiosyncrasies. He hears the phone ringing, the baby crying but not the mother calling. He forgets the names of people and places, his own address or telephone number, but may remember even inconsequential information.

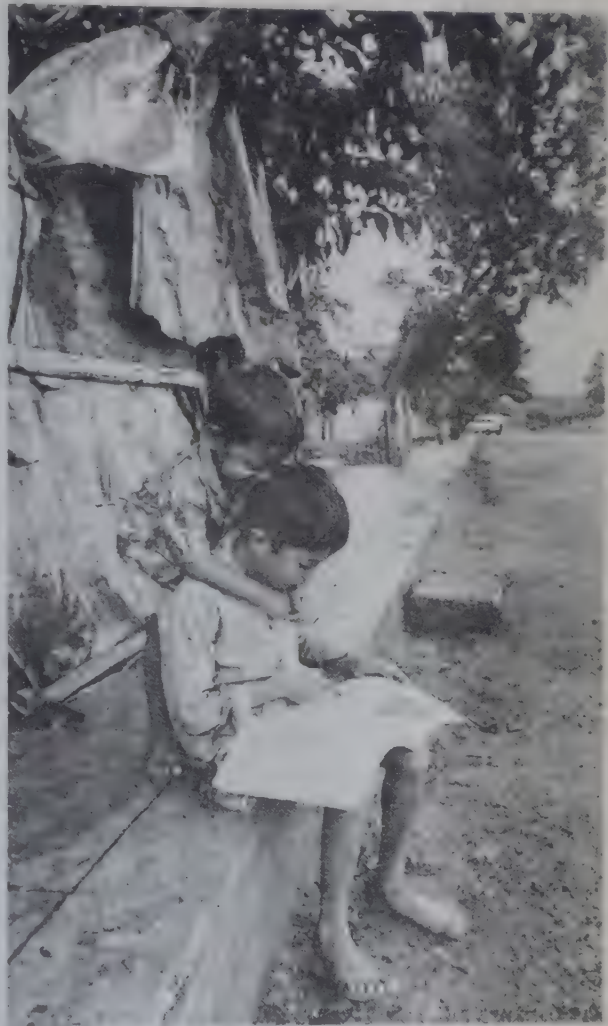
The child is disorganised and clumsy, loses his

books and pencils and forgets his homework. He has an untidy room, eats messily or noisily. He has his clothes in disarray, buttoned without order, or one shoe-lace undone!

May be excellent with motors or music

He does not look where he is going, bumps into the door, trips an object on the way. He has trouble waiting in a queue, cannot keep his hands off the child in front, or from making a noise or giggling on a solemn occasion.

This child may become a great swimmer, although he stumbles on the steps. He may be excellent in class or playing checkers, but cannot understand a riddle or a joke. He may not be able to subtract or divide, but he is excellent with motors and machines. Music and art may be his forte.

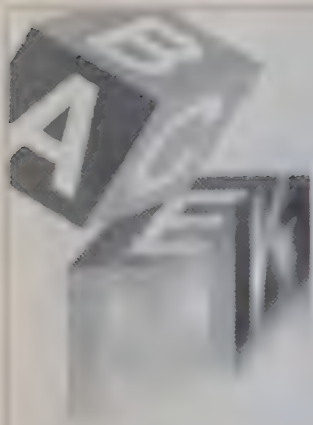


Caveat

The descriptions above represent various facets of the problems possible in a Dyslexic child. These vary in type and degree from child to child. Observing a few of these symptoms in one child does not mean that he has Dyslexia. The labelling should be the work of a professional team. ■

By Susan K. George
Child Care Centre, Kochi.

**Many
Dyslexics
may grope
for the right
word or the
right
meaning.**



LEARNING DISABILITY

DIAGNOSING DYSLEXIA

Any child suspected to have LD needs a comprehensive assessment, with the active cooperation of parents. A comprehensive assessment needs a **multi-disciplinary team** comprising a clinical/educational psychologist, paediatrician/psychiatrist, special educator, social worker and speech therapist.

Stages of diagnosis

- Adequate history (information) of the child's problems
- Detailed report from the teacher
- Examination and testing of the child
- Counselling of the child and parents about the problem and prognosis.
- Evolving an appropriate management plan

Examination of the child includes:

A physical/neurological examination and tests, if necessary, of hearing and vision.

Psychologist's tests

These are of three basic types:

- (i) Tests to measure Intelligence (IQ)
- (ii) Tests of academic achievements
- (iii) Tests of other special abilities

Specialists may need to examine the child to rule out disorders such as Attention-Deficit-Hyperactivity Disorder (ADHD), emotional disorders and speech disorders.



Psychologist's assessment of Learning Disability

A range of tests are administered to the child to find out the factors hindering progress at school.

(i) General intelligence test

The most common IQ test for assessing intelligence is Wechler Intelligence Scale for Children (WISC), originally developed in the US and modified to suit Indian children. This test is suited for children with reading and spelling difficulties as it involves reading and writing.

A normal child scores equally well or equally bad on all scales. On the other hand, the Dyslexic child does well in one set of tests and badly in another.

(ii) Reading assessment

To assess the reading age and reading disabilities

A range of tests are administered to the child to find out the factors hindering progress at school.



LEARNING DISABILITY



of the child, there are a number of standardised tests like the Schonell's reading test and Woodcock reading test. These tests are standardised for western children and are mostly unsuitable for Indian children.

On the other hand, an informal reading assessment can be done and more valuable, individualised information can be obtained.

Specific reading disabilities are recorded by analysing the reading performance. These disabilities are generally: reading word by word, omissions, reversals, insertions and guessing at words.

(iii) Assessment of spelling

The ability to spell is recognised as a complex and multifaceted process. Besides general intelligence, the following factors affect the ability to spell words:



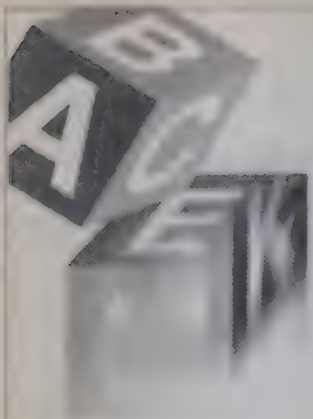
An efficient assessment procedure can clearly outline the relevant skills a child has or has not mastered, pinpoint patterns of errors, and provide direction for systematic remedial instruction.

- (a) the ability to spell words that are phonetic
- (b) the ability to spell words that involve roots, prefixes, suffixes and rules for combining.
- (c) the ability to look at a word and reproduce it later.

An efficient assessment procedure can clearly outline the relevant skills a child has or has not mastered, pinpoint patterns of errors and provide direction for systematic remedial instruction.

(iv) Assessment of arithmetic skills

Many disabled learners have difficulty learning mathematics, experiencing problems at all age levels. There are a number of (commercial) maths assessment kits; however, they yield little usable teaching information. On the other hand, informal assessment



LEARNING DISABILITY

which consists of observation, oral interviews and error analysis can provide us with enough information regarding the nature of the child's disabilities.

Other areas assessed include handwriting, comprehension and attention. These tests are used for children above six years of age.

Children below six years are assessed for pre-academic skills. These include visual discrimination, auditory discrimination, fine motor skills, verbal fluency, memory, attention and handedness. Brigance Diagnostic Inventory of Basic Skills, Aston Index and Man-Suiter Test are some of the popular tests used to assess the readiness skills of a child.

The assessment report predominantly brings out the level at which the child functions in each area of learning skills, and the nature of the disabilities that the child exhibits. Based on this report, an individualised remedial programme is prepared for each child. ■

By Dr J. Rosario,
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Bangalore

HELPING THE DYSLEXIC CHILD

First and foremost, do no harm!

—Hippocrates

ONCE a Dyslexic, always a Dyslexic; but appropriate management will help circumvent this problem. There are no quick and easy methods of overcoming Learning Disability. Parents and teachers must obtain reliable information and ensure that resource rooms for remedial teaching are staffed by appropriately trained teachers. Otherwise we will end up doing more harm.

The recent National Conference on Learning Disabilities in Chennai proposed a series of measures to help the Learning Disabled children. Helping these children is the collective responsibility of the **government, education departments, parents, teachers and school managements.**

School managements need to recognise the enormity of the problem—after all 10 per cent of children in each school need help for their scholastic backwardness. Organisations such as NCERT, regional institutes of education, NIMHANS, NIMH, AIISH, departments of special education in various universities, need to take a more practical and urgent role in helping these children.

Parents and schools should demand and obtain special provisions for LD children, such as remedial teaching in schools, exemption from learning more than one language, provision for scribes (writers) for written exams. Governments in Karnataka and

**"If I can't
learn the
way you
teach, will
you teach
me the way
I can
learn?"**



LEARNING DISABILITY

Some photographs in this booklet are of children who are not Dyslexic.

Maharashtra already provide such facilities.

Parents and schools also have the responsibility to build the **self-esteem** of the Dyslexic child and help him cope with his inferiority feeling. This is possible only by spending 'quality time' with the child. This can be done by being with the child, starting up conversations with him at his level and by reinforcing his self-confidence. It takes a lot of confidence to raise a hand in class or to tell the teacher that he has not understood something. It also takes confidence to keep trying when he does not succeed the first time.

Hurtful remarks about the child's performance should be avoided. Parents should stop looking far ahead in the life of a child, such as worrying about his board exams or his career. Short-term, day-to-day goals should be set. All pressure on the child for academic performance should ease.

Parents must also train themselves to teach the Dyslexic child. This child needs love and respect which are not conditional on his academic skills or achievement.

The teacher needs to accept the LD child's disability and limitations, become an innovator to try new or simple ways to teach, and a facilitator to help the child achieve his targets.

The teacher needs to build a relationship where the LD child can approach her without feeling ashamed of his weakness. Liberally praise the child's **efforts**, even if his performance is poorer than that of his peers. Spare him ordeals of reading aloud or performing in public. Find his strengths in other areas, helping him to identify alternative careers in which he will excel.

For all this to be practical, parents and teachers, school managements and the government have to become aware of Dyslexia and diagnose it early in schools. ■

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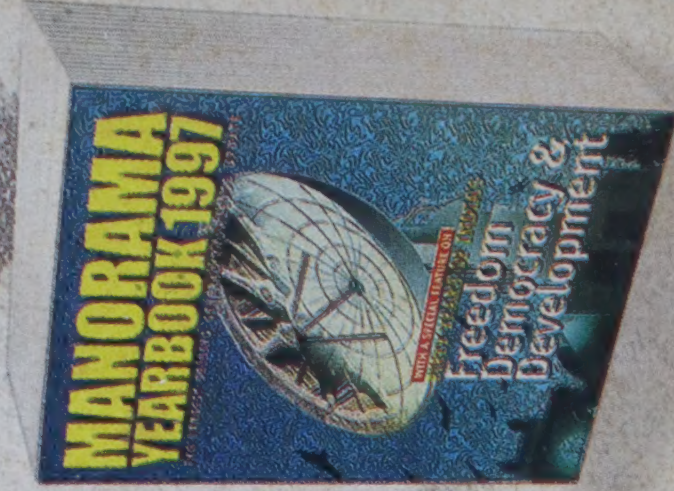
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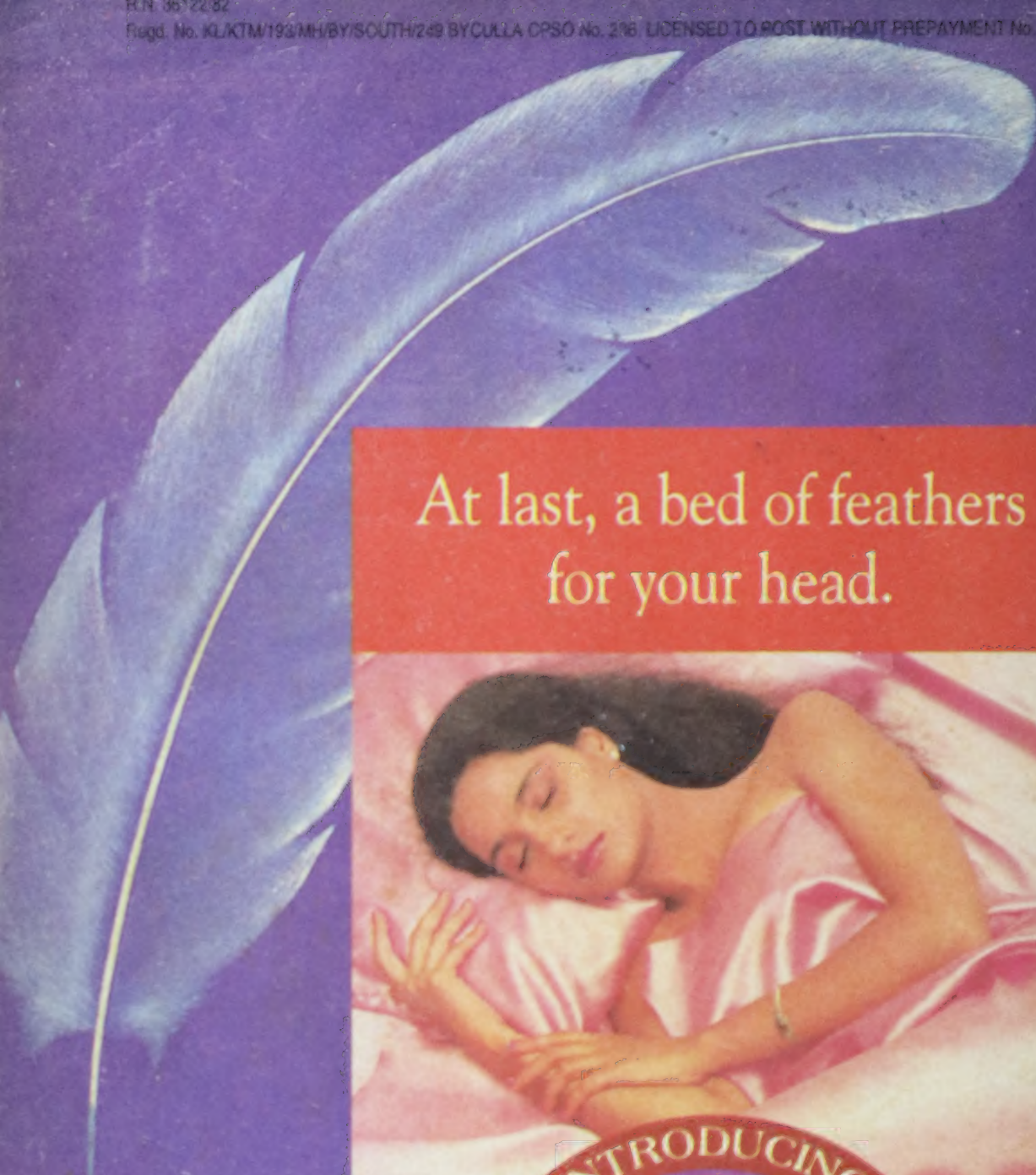
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